

PATENT

Attorney's Docket:

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

INVENTORSHIP IDENTIFICATION**WARNING:**

If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION:DEVICE FOR SUSPENSION OF A SAMPLE BODY

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____ as Serial No. _____.

NOTE: *Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.*

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

**ACKNOWLEDGMENT OF REVIEW OF PAPERS
AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- ☒ which is material to patentability as defined in 37 CFR 1.56

(also check the following items, if desired)

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows:

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
DE	10555696.2	29.11.2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Michael M. Rickin
26,984

(check the following item, if applicable)



Attached as part of this declaration and power of attorney is the authorization of the above named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Michael M. Rickin, Esq.
ABB Inc.
Legal Department - 4U6
29801 Euclid Avenue
Wickliffe, OH 44092-1898

DIRECT TELEPHONE CALLS TO

Michael M. Rickin, Esq.
(440) 585-7840

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

FULL NAME OF FIRST JOINT INVENTOR

Thomas
(GIVEN NAME)

L.
(MIDDLE INITIAL OR NAME)

Bauer
FAMILY (OR LAST NAME)

Inventor's signature: Thomas Bauer

Date: Nov, 10 2003

Country of Citizenship: Germany

Residence: Falkensteiner Strasse 23c, 61350 Bad Homburg

Post Office Address: Same as residence

THIS SECTION INTENTIONALLY LEFT BLANK. MORE INVENTORS APPEAR ON PAGE 6.

FULL NAME OF SECOND JOINT INVENTOR

Albrecht
(GIVEN NAME)
(MIDDLE INITIAL OR NAME)Vogel
FAMILY (OR LAST NAME)Inventor's signature: Albrecht VogelDate: 11/10/2003Country of Citizenship: GermanyResidence: Marchenstrasse 32b, 76297 StutenseePost Office Address: Same as residence

FULL NAME OF THIRD JOINT INVENTOR

Peter
(GIVEN NAME)
(MIDDLE INITIAL OR NAME)Krippner
FAMILY (OR LAST NAME)Inventor's signature: Peter KrippnerDate: 11/10/2003Country of Citizenship: GermanyResidence: Hauffstrasse 2, 76199 KarlsruhePost Office Address: Same as residence

FULL NAME OF FOURTH JOINT INVENTOR

Manfred
(GIVEN NAME)
(MIDDLE INITIAL OR NAME)Wetzko
FAMILY (OR LAST NAME)Inventor's signature: Manfred WetzkoDate: 11/10/2003Country of Citizenship: GermanyResidence: Bollengrubweg 11, 69198 SchriesheimPost Office Address: Same as residence

FULL NAME OF FIFTH JOINT INVENTOR

Christian
(GIVEN NAME)

I
(MIDDLE INITIAL OR NAME)

Schmidt
FAMILY (OR LAST NAME)

Inventor's signature: Christian Schmidt

Date: : 11/10/2003

Country of Citizenship: Germany

Residence: Bahnhofstrasse 43, 69115 Heidelberg

Post Office Address: Same as residence

THIS SECTION INTENTIONALLY LEFT BLANK. MORE INVENTORS APPEAR ON PAGE 8.

FULL NAME OF SIXTH JOINT INVENTOR

Antonio
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Ruzzi
FAMILY (OR LAST NAME)

Inventor's signature: _____

Date: 11/10/2003Country of Citizenship: GermanyResidence: Karlsburgstrasse 9, 76227 KarlsruhePost Office Address: Same as residence

FULL NAME OF SEVENTH JOINT INVENTOR

Rolf
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Merte
FAMILY (OR LAST NAME)

Inventor's signature: _____

Date: 11/10/2003Country of Citizenship: GermanyResidence: Panoramastrasse 97, 69126 HeidelbergPost Office Address: Same as residence☒ This declaration ends with this page